

At a Glance: Your 2017 Health Plan Choices



All of our plans include the following benefits:

- 100% coverage for many in-network preventive services (e.g., annual physical)
- Wellness program and incentives
- Full coverage for education programs on smoking cessation, asthma, and diabetes
- 20% discount on CVS Pharmacy® brand health-related items with the ExtraCare® Health card

See the chart below for additional benefits offered across our portfolio of plans:

	VantageBlue	VantageBlue with Dental	BasicBlue	BlueSolutions for HSA	BlueCHiP
Lower premiums			✓		✓
National network access	✓	✓	✓	✓	
Out-of-network coverage	✓	✓		✓	
Referral required					✓
Tax savings opportunities				✓	
Pre-deductible coverage for most office visits	✓	✓	✓		✓
\$2 copays for certain maintenance drugs to treat diabetes, asthma, and COPD	✓	✓			
Full coverage for dental exams and cleanings for all family members*		✓			

*You must purchase the version of this plan that includes pediatric dental coverage to have dental coverage for members under age 19.

2017 Gold-Level Health Plans	VantageBlue Direct 1000/2000	BlueSolutions for HSA Direct 1400/2800	BasicBlue Direct 2750/5500	Blue Chip Direct 1800/3600
	You pay	You pay	You pay	You pay
In-network deductible	\$1,000 individual - \$2,000 family	\$1,400 individual - \$2,800 family	\$2,750 individual - \$5,500 family	\$1,800 individual - \$3,600 family
In-network out-of-pocket maximum (OOP)	\$4,000 individual - \$8,000 family	\$3,500 individual - \$7,000 family	\$2,750 individual - \$5,500 family	\$3,600 individual - \$7,200 family
Coinsurance	20% after deductible	0% after deductible	0% after deductible	10% after deductible
Preventive services (annual exam)	\$0	\$0	\$0	\$0
Primary care provider (PCP) office visit when PCP is part of a patient-centered medical home	\$15 (first sick visit free)	\$15 after deductible	1 to 4 visits \$15, 5+ visits \$0 after deductible	\$15
Primary care provider (PCP) office visit when PCP is <i>not</i> part of a patient-centered medical home	\$25	\$35 after deductible	1 to 4 visits \$25, 5+ visits \$0 after deductible	\$25
Retail clinic	\$40	\$40 after deductible	\$30	\$40
Specialist visit	\$40	\$40 after deductible	\$30	\$40
Annual foot and eye exam for members with diabetes	\$0	\$40 after deductible	\$30	\$40
Urgent care center	\$75	\$75 after deductible	\$0 after deductible	\$75
Emergency room	\$200	\$150 after deductible	\$0 after deductible	10% after deductible
Inpatient hospital	20% after deductible	\$200 per admission after deductible	\$0 after deductible	10% after deductible
Diagnostic laboratory tests	20% after deductible	\$0 after deductible	\$0 after deductible	10% after deductible
X-rays	20% after deductible	\$0 after deductible	\$0 after deductible	10% after deductible
High end radiology (i.e., MRI, PET, and CAT scan, etc.)	20% after deductible	\$150 after deductible	\$0 after deductible	10% after deductible
Pediatric vision eyewear for dependents under age 19: Collection prescription glasses, lenses and collection contact lenses	\$0	\$0 after deductible	\$0 after deductible	\$0
Pediatric dental for dependents under 19: Oral exams, cleanings, X-rays fluoride treatments, sealants, and space maintainers	\$0	\$0 after deductible	\$0	\$0
All other covered dental services for dependents under 19	50%	50% after deductible	\$0 after deductible	\$0
Prescriptions				
Tier 1	\$10	\$10 after deductible	\$10	\$10
Tier 2	\$25	\$25 after deductible	\$30	\$25
Tier 3	\$50	\$50 after deductible	\$0 after deductible	\$50 after deductible
Tier 4	\$75	\$75 after deductible	\$0 after deductible	\$75 after deductible
Tier 5	\$125	\$125 after deductible	\$0 after deductible	\$125 after deductible

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2017 Gold-Level Health Plan *Plus Dental*

VantageBlue Direct
1200/2400 with Dental

	You pay
In-network deductible (medical/dental combined)	\$1,200 individual - \$2,400 family
In-network out-of-pocket maximum (OOP) <i>(Dental costs for children 19 and under count toward your family's annual OOP maximum)</i>	\$3,800 individual - \$7,600 family
Dental calendar year maximum <i>(There is no maximum benefit limit for children 19 and under)</i>	\$2,000 per member
Coinsurance	10% after deductible
Preventive services (annual exam)	\$0
Primary care provider (PCP) office visit when PCP is part of a patient-centered medical home	\$15 (first sick visit free)
Primary care provider (PCP) office visit when PCP is NOT part of a patient-centered medical home	\$35
Retail clinic	\$50
Specialist visit	\$50
Annual foot and eye exam for members with diabetes	\$0
Urgent care center	\$75
Emergency room	\$200
Inpatient hospital	10% after deductible
Diagnostic laboratory tests	10% after deductible
X-rays	10% after deductible
High end radiology (i.e., MRI, PET, and CAT scan, etc.)	10% after deductible
Pediatric vision eyewear for dependents under age 19: Collection prescription glasses, lenses, and collection contact lenses	\$0
Prescriptions	
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Tier 4	\$75
Tier 5	\$125
Dental services	
Exams, X-rays, cleanings, palliative treatment	0%
Fluoride, sealants, space maintainers	0% (under age 19) - not covered (age 19+)
Fillings; simple extractions; denture repairs, relines, and rebasing; periodontal maintenance; root canals; periodontal services and oral surgery; CA/IV sedation	20% after deductible
Crowns, onlays, and prosthodontics	50% after deductible
Medically necessary orthodontics	50% (under age 19) - not covered (age 19+)

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Silver-Level Health Plans	BasicBlue Direct 4900/9800	VantageBlue Direct 3050/6100	BlueSolutions for HSA Direct 3900/7800	BlueCHIP Direct 4800/9600
	You pay	You pay	You pay	You pay
In-network deductible	\$4,900 individual - \$9,800 family	\$3,050 individual - \$6,100 family	\$3,900 individual - \$7,800 family	\$4,800 individual - \$9,600 family
In-network out-of-pocket maximum (OOP)	\$5,500 individual - \$11,000 family	\$6,825 individual - \$13,650 family	\$4,300 individual - \$8,600 family	\$5,800 individual - \$11,600 family
Coinsurance	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Preventive services (annual exam)	\$0	\$0	\$0	\$0
Primary care provider (PCP) office visit when PCP is part of a patient-centered medical home	1 to 4 visits \$10, 5+ visits \$10 after deductible	\$20 (first sick visit free)	10% after deductible	\$35
Primary care provider (PCP) office visit when PCP is NOT part of a patient-centered medical home	1 to 4 visits \$20, 5+ visits \$20 after deductible	\$40	10% after deductible	\$55
Retail clinic	\$45	\$50	10% after deductible	\$50
Specialist visit	\$45	\$55	10% after deductible	\$65
Annual foot and eye exam for members with diabetes	\$45	\$0	10% after deductible	\$65
Urgent care center	\$75 after deductible	\$75	10% after deductible	\$75
Emergency room	10% after deductible	\$200	10% after deductible	10% after deductible
Inpatient hospital	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Diagnostic laboratory tests	10% after deductible	20% after deductible	10% after deductible	10% after deductible
X-rays	10% after deductible	20% after deductible	10% after deductible	10% after deductible
High end radiology (i.e. MRI, PET, and CAT scan, etc.)	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Pediatric vision eyewear for dependents under age 19: Collection prescription glasses, lenses, and collection contact lenses	10% after deductible	\$0	10% after deductible	10% after deductible
Pediatric dental for dependent under 19: Oral exams, cleanings, X-rays, fluoride treatments, sealants, and space maintainers	\$0	\$0	\$0 after deductible	\$0
All other covered dental services for dependents under 19	50% after deductible	50%	50% after deductible	50% after deductible
Prescriptions				
Tier 1	\$10	\$10	\$10 after deductible	\$7
Tier 2	\$30	\$35	\$30 after deductible	\$35
Tier 3	\$50 after deductible	\$60	\$50 after deductible	\$50 after deductible
Tier 4	\$75 after deductible	\$80	\$75 after deductible	\$75 after deductible
Tier 5	\$100 after deductible	\$125	\$100 after deductible	\$100 after deductible

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2017 Bronze-Level Health Plans	BlueSolutions for HSA Direct 6000/12,000	BasicBlue Direct 7150/14300
	You pay	You pay
In-network deductible	\$6,000 individual - \$12,000 family	\$7,150 individual - \$14,300 family
In-network out-of-pocket maximum (OOP)	\$6,550 individual - \$13,100 family	\$7,150 individual - \$14,300 family
Coinsurance	0% after deductible	0% after deductible
Preventive services (annual exam)	\$0	\$0
Primary care provider (PCP) office visit when PCP is part of a patient-centered medical home	\$0 after deductible	1 to 4 visits \$50, 5+ visits \$0 after deductible
Primary care provider (PCP) office visit when PCP is NOT part of a patient-centered medical home	\$0 after deductible	1 to 4 visits \$70, 5+ visits \$0 after deductible
Retail clinic	\$0 after deductible	\$50
Specialist visit	\$0 after deductible	\$95
Annual foot and eye exam for members with diabetes	\$0 after deductible	\$95
Urgent care center	\$0 after deductible	\$0 after deductible
Emergency room	\$0 after deductible	\$0 after deductible
Inpatient hospital	\$0 after deductible	\$0 after deductible
Diagnostic laboratory tests	\$0 after deductible	\$0 after deductible
X-rays	\$0 after deductible	\$0 after deductible
High end radiology (i.e., MRI, PET, and CAT scan, etc.)	\$0 after deductible	\$0 after deductible
Pediatric Vision Eyewear for dependents under age 19: Collection prescription glasses, lenses, and collection contact lenses	\$0 after deductible	\$0 after deductible
Pediatric dental for dependent under 19: Oral exams, cleanings, X-rays, fluoride treatments, sealants, and space maintainers	\$0 after deductible	\$0
All other covered dental services for dependents under 19	50% after deductible	\$0 after deductible
Prescriptions		
Tier 1	\$10 after deductible	\$10
Tier 2	\$35 after deductible	\$50
Tier 3	\$60 after deductible	\$0 after deductible
Tier 4	\$100 after deductible	\$0 after deductible
Tier 5	\$200 after deductible	\$0 after deductible

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Don't Brush Off Dental Coverage

Good oral health has been linked to better overall health. It's called the mouth-body connection, and it's an important reason to take care of your teeth. Blue Cross Dental makes it easy to offer quality coverage that complements your medical coverage for total health. Blue Cross Dental offers:

- A network that includes 9 out of every 10 dentists in Rhode Island and more than 100,000 coast-to-coast

Benefits	Pediatric benefits - refer to next page			
	Direct Basic	Direct Standard	Direct Plus	Direct Elite
Calendar year maximum	\$1,000	\$1,000	\$1,500	\$2,000
Dependent coverage up to age	26	26	26	26
Deductible	\$0	\$0	\$0	\$50
Diagnostic and preventive services				
Oral exam, bitewing X-rays, complete X-ray series, single X-rays, and cleanings	100%	100%	100%	100%
Palliative treatment	50%	60%	100%	100%
Basic services				
Fillings	50%	60%	80%	80% after deductible
Simple extractions	Not covered	60%	80%	80% after deductible
Denture repairs, adjustments, relines, and rebasing	Not covered	50%*	50%*	80% after deductible*
Root canal therapy	Not covered	60%**	50%**	80% after deductible**
Non-surgical periodontics	Not covered	Not covered	50%**	80% after deductible**
Surgical periodontics	Not covered	Not covered	50%**	50% after deductible**
Oral surgery and general anesthesia	Not covered	60%**	50%**	80% after deductible**
Major services				
Crowns and onlays	Not covered	Not covered	50%**	50% after deductible**
Fixed bridges, partial and complete dentures, and single tooth implant	Not covered	Not covered	50%**	50% after deductible**
Oral appliances				
Night guards	50%	50%	50%	50%

All plans are Qualified Dental Plans that meet the Healthcare Reform guidelines for pediatric dental coverage. Please see next page for more information.

* 6-month waiting period applies, which means that these services are available once your policy has been in effect for 6 continuous months.

** 12-month waiting period applies, which means that these services are available once your policy has been in effect for 12 continuous months.

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Benefits for Dependents Under 19

2017 Pediatric dental benefit highlights

Benefits	Direct Basic & Direct Standard	Direct Plus & Direct Elite
In-network out-of-pocket maximum	\$350 individual / \$700 family	
Pediatric benefit coverage	Up to age 19	
Deductible	\$75 per person	\$25 per person
Oral exams, cleanings*, X-rays, fluoride treatments, space maintainers, and sealants	100%	
Palliative treatment	80% after deductible	
Fillings	50% after deductible	
Simple extractions, partial/denture repairs, relines and rebasing, periodontal treatments, root canals, oral surgery, crowns and prosthodontics	30% after deductible	50% after deductible
Orthodontics (medically necessary only)	50% after deductible	
Night guards	50%	
<i>No waiting period for pediatric dental benefits. * Cleanings: Direct Basic & Direct Standard 2/year, Direct Plus & Direct Elite 3/year</i>		



2017 Blue Cross Dental Direct monthly rates

Rates are determined per individual. The premium rate for family coverage is based on the number of individuals in the family that enroll in coverage and the age of each family member. If you have children covered under the plan, you will only pay a premium for up to three children under the age of 21.

Age	Direct Basic	Direct Standard	Direct Plus	Direct Elite
0-18	\$24.36	\$24.36	\$34.89	\$34.89
19-29	\$16.85	\$22.48	\$34.83	\$48.27
30-39	\$16.85	\$22.48	\$34.83	\$48.27
40-49	\$16.85	\$22.48	\$34.83	\$48.27
50-59	\$18.53	\$24.73	\$38.32	\$53.10
60 +	\$21.06	\$28.10	\$43.54	\$60.34

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Over half of American children will be affected by tooth decay before age 5.*

And children lose 52 million school hours per year due to dental problems. To keep their teeth healthy, your child should visit the dentist for a cleaning TWO times a year, and they should brush and floss TWO times a day for TWO whole minutes!

* American Academy of Pediatric Dentistry

Brush TWO
minutes



twice a day
for healthy teeth